



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG TERM CARE REGULATION
STATE INSPECTION PACKET

☐ FULL INSPECTION
☐ INTERIM INSPECTION

REGION

FACILITY NAME

FACILITY NUMBER

EVENT ID

ADDRESS (STREET, CITY, ZIP CODE)

COUNTY

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| | 1. FACILITY INSPECTION REPORT (MO 580-2736/DA-107) |
| | 2. RESIDENT FUND WORKSHEET (FULL INSPECTION ONLY) |
| | 3. STATEMENT OF DEFICIENCIES/PLAN OF CORRECTION (CMS 2567L/DA-110/DA-110A) |
| | 4. LETTER CONFIRMING INITIAL VISIT TO FACILITY |
| | 5. COPY OF GREEN CERTIFIED MAIL CARD |
| | 6. LETTER OF ACCEPTANCE AND/OR REJECTION OF PLAN OF CORRECTION |
| | 7. <input type="checkbox"/> LETTER REQUESTING IDR
<input type="checkbox"/> LETTER SCHEDULING IDR
<input type="checkbox"/> LETTER IDR RESULTS |
| | 8. LETTER RECONFIRMING REVISIT |
| | 9. RESIDENT CARE SURVEY RCF/ALF (MO 580-2761/DA-111) OR RESIDENT CARE SURVEY ICF/SNF (DA112/112A) |
| | 10. RESIDENT IDENTIFICATION LIST |
| | 11. STAFF IDENTIFICATION LIST |
| | 12. INSPECTOR/SURVEYOR NOTES WORKSHEETS |
| | 13. REVISIT NOTES |
| | 14. OTHER |
| | A. |
| | B. |
| | C. |
| | D. |
| | E. |

SIGNATURE OF MANAGER/DESIGNEE

DATE